

3

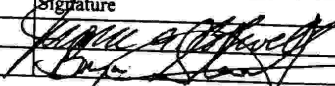

5. OUTPUTS.

6. TRAINING.

Staff will need to be trained where to locate the Case Summary Screen and how to print it.

7. DEPENDENCIES.

8. SIGNATURES.

	Signature	Date
Policy Analyst:		1/31/97
Policy Supervisor:		2/28/97

File Foster Care Screens Modules Help Log No. 00003846 User 42002004

CASE SUMMARY

LAST NAME [REDACTED] FIRST [REDACTED] MIA COUNTY Kent
CASE NUMBER k[REDACTED]g ASSIGNED WORKER [REDACTED]
OPEN DATE 09/12/96 SECONDARY WORKER [REDACTED]
COMMITMENT DATE 11/23/96 MEDICAL ALERT Yes
DOB 09/18/1991 AGE 5 SEX Female
RACE White (non-migrant) HANDICAP None
SOCIAL SECURITY #: [REDACTED] RECIPIENT ID #: [REDACTED]
SCHOOL ATTENDING [REDACTED] LIVING ARRANGEMENT Foster Home- FIA
LEGAL STATUS Temp Court Ward Neglect PROVIDER NAME [REDACTED]
FUNDING SOURCE ADC-f PROVIDER NUMBER [REDACTED]
GOAL Return Home DATE PLACED 11/19/95
GOAL STATUS Goal not acheived-service continuing LENGTH OF CURRENT PLACEMENT 99 DAYS
NUMBER OF DAYS TOWARD GOAL 99 NUMBER OF PLACEMENTS 3

Need to add
address and
phone number to
this.

MAPPER II

File

CFC D04 DISPLAY SERVICES WORKER SUPPORT SYSTEM (SWSS) DECEMBER 19, 1996
SCREEN A CASE SUMMARY
CASE NAME: CASE #: K 9

*** PERSONAL INFORMATION ***

CASE STATUS ACTIVE OPEN DATE 11/19/96 CLOSE DATE
CASE TYPE INDIVIDUAL INTAKE WORKER 42005002 ASSIGNED WORKER 42005002
AGE 00 SEX F RACE WHITE (NON MIGRANT)
SSN 000000000 RID # 000000000 ADC ELIGIBLE Y

ELIGIBILITY INDIVIDUALS AND FAMILY NEEDING PROTECTIVE SERVICES
HANDICAP NONE
FEDERAL GOAL RETURN HOME (COMMUNITY CARE)
FOSTER CARE EVENT NO OUTCOME

SERVICE PLAN DUE PARENT AGENCY AGREEMENT DUE
REDETERMINATION DUE
NEXT PROGRAM 22 DESC: CASE MANAGEMENT MENU

34160

File Foster Care Screens Modules Help Log No. 00003846 User 42002004

CASE SUMMARY

CASE NUMBER K [REDACTED] ASSIGNED WORKER [REDACTED]
OPEN DATE 09/12/96 SECONDARY WORKER [REDACTED]
LAST NAME [REDACTED] FIRST [REDACTED] MI A
DOB 09/18/1991 AGE 5 SEX Female
RACE White (non-migrant) HANDICAP None
SOCIAL SECURITY #: [REDACTED] RECIPIENT ID #: [REDACTED]
SCHOOL ATTENDING [REDACTED] LIVING ARRANGEMENT Foster Home- FIA
LEGAL STATUS Temp Court Ward Neglect PROVIDER NAME [REDACTED]
FUNDING SOURCE ADC-f PROVIDER NUMBER [REDACTED]
GOAL Return Home DATE PLACED 11/19/95
GOAL STATUS Goal not achieved-service continuing LENGTH OF CURRENT PLACEMENT 99 DAYS
NUMBER OF DAYS TOWARD GOAL 99 NUMBER OF PLACEMENTS 3

6

MAPPER-H

File

MAIN MENU SERVICES WORK CFC Case Management Menu

LOG#

CHILD PROTECTIVE SERVICES
REFERRAL ACTION MENU
SERVICES MENU
TRANSFER TO CFC MENU
CASE MANAGEMENT MENU
REPORT GENERATION MENU
RISK ASSESSMENT MENU

CHILD FOSTER CARE
SERVICES MENU
CASE MANAGEMENT MENU
REPORT GENERATION MENU

SWSS TIPS
Q & A ON SWSS

D01 LIST SELECTIONS COMPLETE
D02 DISPLAY LIST OF CASES
D03 DISPLAY COMMENTS
D04 CASE SUMMARY
D05 DISPLAY CFC VALIDATION TABLE OR
D06 DISPLAY COMPANION CASES
D07 DEPARTMENT ACTIVE CASELOAD COUNT
C00 FOSTER CARE SERVICES MENU
E00 REPORT GENERATION MENU

Position CURSOR on Selection and Press NumEnter

1Cases 4Retrn 6Menu 7Index

Services Worker Support System - Children

File Foster Care Screens Modules Help

Child Data Log No. 00003846 Beer BEN

Case Details

Case No. A [redacted] P

Last Name Inm First Inm MI R

Assigned Worker [redacted]

Address [redacted]

Check Sources? ☒ Yes

State MI Zip 48940 -9544

Phone #1 [redacted] Phone #2 [redacted]

Legal Status Legal

Provider No. [redacted]

District 82

Living Arrangement OwnHome

Date Placed 08/22/1996

CFC CO8 ADD
SCREEN A

SERVICES WORKER SUPPORT SYSTEM (SWSS) OCTOBER 18, 1996
EDUCATIONAL DATA

CASE NAME: [REDACTED]

LOG#: 3490

CASE #: V [REDACTED] P

SCHOOL DISTRICT: [XXXXXXXXXXXXXXXXXXXXXXXXXXXXX]
SCHOOL: [XXXXXXXXXXXXXXXXXXXXXXXXXXXXX]

ADDRESS [XXXXXXXXXXXXXXXXXXXXX]

GRADE: [XX]

CITY [XXXXXXXXXXXXXXXXXXXXX]

[XXXXXXXXXXXXXXXXXXXXXXXXXXXXX]

PHONE #1 [XXX] [XXXXXX]

STATE []

ZIP CODE [XXXX] - [XXXX]

PHONE #2 [XXX] [XXXXXX]

SCHOOL PROGRAM: [XX]XXXXXXXXXXXX

ATTENDED FROM: [MMDDYYYY]

TYPE OF EDUCATION: [XX]XXXXXXXXXXXX

TO: [MMDDYYYY]

REPORT CARD RECEIVED: [N] PASS/FAIL: [X]

TRUANT: [N]

LETTER SENT TO TIP?: [N]

EXPELLED?: [N]

CREDITS ACHIEVED: [XX] TOTAL XX
REASON: [XX]XXXXXXXX

MEAP TEST RESULTS AT OR ABOVE GRADE LEVEL Y/N OR N/A?: [NA]

DIPLOMA: [Y]

ENDORSED: [Y]

GED: [N]

PARTICIPATING IN AGENCIES EMPLOYMENT AND TRAINING PROGRAM?: [Y]

WILL CHILD COMPLETE SCHOOL OR TRAINING BY AGE 19?: [Y]

PRINT SCHOOL NOTIFICATION LETTER Y/N?: [N]

PRINT REPORT CARD REQUEST LETTER Y/N?: [N]

COMMENTS: [Y]

NEXT PROGRAM: [COO] DESC.

FOSTER CARE SERVICES MENU

Assumptions:

1. Screen will be blank if no school data entered. Will keep history of school data to either update or add new. Is there any way to make this screen mandatory if over the age of six? Should it be?
2. Credits Achieved box could be overwritten if no change in school. Total would be for each school attended. Will need to begin tracking this after the 8th grade.
3. Questions, "Child in school full time?", "Participating in Agencies...?", and "Will child complete school...?" are for ADC-FC eligibility.
4. Comments will be indexed by grade and school.
5. Required fields:
 - A. School
 - B. Grade
 - C. School Program
 - D. Type of Education
 - E. Attended From
 - F. Child in school full time? After age 16 this question will display.
 - G. Participating...? After age 16 this question will display.
 - H. Will child complete...? After age 18 this question will display.

CHILDREN'S SWSS
ELEMENT DESCRIPTION FORM
(Attachment to REQUIREMENTS FORM)

Assigned Policy ANALYST:	Carol Kraklan
DATE Received by BuIS:	
Requirement # (from BuIS)	

TOPIC:

Educational Data Elements

ELEMENT NAME	DESCRIPTION	TYPE - Alpha, numeric, A/N	SIZE	REQUIRED/ OPTIONAL/ CONDITIONAL	ON CIS/PSMIS/ AFCARS?
School program	Regular	RE	2	Required	N/A
	Special Education	SE	2	Required	N/A
	Not Attending	NA	2	Required	N/A
Type of Education	Unknown	UN	2	Required	N/A
	Public	PU	2	Required	N/A
	Private	PR	2	Required	N/A
	Institutional	IN	2	Required	N/A
	Alternative Ed.	AE	2	Required	N/A
	Adult Ed./GED	AD	2	Required	N/A
	Vocational-full time	VO	2	Required	N/A
	Preprimary	PP	2	Required	N/A
	Home School	HS	2	Required	N/A
	Charter School	CS	2	Required	N/A
Expelled Reason	College	CO	2	Required	N/A
	Other	OT	2	Required	N/A
	Weapons Violation	WV	2	Required	N/A
	Rape	RP	2	Optional	N/A
	Arson	AR	2	Optional	N/A
	Other	OT	2	Optional	N/A

5